

AFFIDAVIT OF INDIGENCE AND INMATE FILING

I WILLIAM KAETZ SWARE UNDER PENALTY OF PERJURY THAT THE FORGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

- ① I AM THE PLAINTIFF THAT LIVES AT 437 ABBOTT Rd PARAMUS NJ 07652 THAT IS CURRENTLY IN JAIL ON FRAUDULANT CHARGES BEING HELD OF PRETRIAL DETENTION.
- ② I AM INDIGENT, THE 3rd Cir DECLARED ME INDIGENT AND APPOINTED COUNSEL. (CASE NO: 2.20-MJ-09421-CRE)
- ③ I HAVE NO MEANS OF INCOME.
- ④ I DO NOT OWN PROPERTY.
- ⑤ IF I AM RELEASED AND GET BACK TO WORK I CAN PAY COURT FEES, AS OF NOW I CANNOT PAY THE COURT FEES.
- ⑥ I HAVE NO ACCESS TO BANK ACCOUNT AND DO NOT HAVE ANYONE TO HELP ME.

- ⑦ THE ALLEGED CHARGES THAT I AM BEING FALSELY IMPRISONED FOR IS FROM JUDGE CECCHI'S FAILURE TO DISQUALIFY HIMSELF FROM THIS CASE.
- ⑧ THE FRIVOLOUS CRIMINAL CASE AGAINST ME IS BEING HEARD IN THE WESTERN DISTRICT OF PENNSYLVANIA 3rd DISTRICT COURT.
- ⑨ THE APPOINTED COUNSEL IS IN PITTSBURGH PA AND CANNOT HELP ME ON THIS CASE.
- ⑩ I DO NOT HAVE THE RESOURCES BEING IN JAIL TO TYPE AND PRINT AND COPY TO COMPLY WITH PROPER FORMAT AND PRODUCE THE REQUIRED AMOUNT OF COPIES.

DATE: 12/26/2020 By: William F. Laetz
WILLIAM F. LAETZ

PLEASE ACCEPT THIS NOTICE OF APPEAL AND SERVE THE LOWER COURT VIA PACER. HOPEFULLY I WILL BE RELEASED FROM THIS FALSE IMPRISONMENT SOON AND WILL BE ABLE TO FILE PROPER DOCUMENTS AND PAY FEES.

THANK YOU FOR YOUR UNDERSTANDING IN THIS MATTER.

12/26/2020 William F. Laetz
DATE WILLIAM F. LAETZ
4 OF 11

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 07/17)

1. CIR. DIST. DIV. CODE NJX3		2. PERSON REPRESENTED William Kaetz		VOUCHER NUMBER	
3. MAG. DKT. DEF. NUMBER 2:20-MJ-9421-01		4. DIST. DKT. DEF. NUMBER		5. APPEALS DKT. DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE MATTER OF (Case Name) USA V. KAETZ		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) CC			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18:875 Interstate Communications - Threats					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Douglas Sughrue, Esq. 429 Fourth Ave #501 Pittsburgh, PA 15219 (412)391-1629 Telephone Number : _____			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Appointment Dates: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name _____ in this case, OR <input type="checkbox"/> _____ Date of Order 10/28/20 Nunc Pro Tunc Date 10/19/2020 Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) Douglas Sughrue, Esq. Sughrue Law 429 Fourth Ave #501 Pittsburgh, PA 15219 dsughrue@sughruelaw.com>					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
15. In Court					
a. Arraignment and/or Plea			0.00		0.00
b. Bail and Detention Hearings			0.00		0.00
c. Motion Hearings			0.00		0.00
d. Trial			0.00		0.00
e. Sentencing Hearings			0.00		0.00
f. Revocation Hearings			0.00		0.00
g. Appeals Court			0.00		0.00
h. Other (Specify on additional sheets)			0.00		0.00
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00	0.00
16. Out of Court					
a. Interviews and Conferences			0.00		0.00
b. Obtaining and reviewing records			0.00		0.00
c. Legal research and brief writing			0.00		0.00
d. Travel time			0.00		0.00
e. Investigative and other work (Specify on additional sheets)			0.00		0.00
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00	0.00
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):			0.00		0.00
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.		28. JUDGE CODE	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED		34a. JUDGE CODE	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>		DATE			

cc to Client: 10/28/2020